

## Application FOR Admission TO THE DISTANCE EDUCATION TELECONFERENCE PROGRAM

86-01 23rd Avenue  
Flushing, NY 11369  
1.866.6VAUGHN  
(1.866.682.8446)  
www.vaughn.edu

Please PRINT information requested and return with the required documents, along with the \$40 non-refundable application fee. Read all instructions carefully before completing this form.

### PART I — Biographical Data

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Gender:  Male  Female

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Name: \_\_\_\_\_  
Last/Family First

Maiden/Other Name: \_\_\_\_\_  
Last/Family First

Home Address: \_\_\_\_\_

City State Zip

Mailing Address: \_\_\_\_\_

City State Zip

Home Phone: ( ) \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Are you a U.S. citizen?  Yes  No

If no, country or citizenship: \_\_\_\_\_

Are you a permanent resident?  Yes  No

If yes, Alien registration Number: A \_\_\_\_\_

Are you a U.S. veteran?  Yes  No

If yes, state branch and dates of service:  
\_\_\_\_\_  
\_\_\_\_\_

Are you presently a member of the following?

Reserve  National Guard  Naval Militia

### PART II — Professional Data

Employer: \_\_\_\_\_

Work Location \_\_\_\_\_

Is your tuition paid by your company?  Yes  No

### PART III — Optional Data

The information requested below is being collected to meet research and federal reporting requirements. It is confidential and will be released only as statistical summaries in which individuals are not identified. The information has no bearing on either admission or academic decisions but is very helpful in meeting these reporting requirements. Please check one:

- American Indian or Alaskan Native  
 Asian or Pacific Islander  
 Black  
 Hispanic  
 Do not wish to respond  
 White  
 Other (specify) \_\_\_\_\_

